

Verification of State Professional License/Certificate

The completed form must be mailed to:
THE ARKANSAS BOARD OF EXAMINERS IN COUNSELING
P.O. BOX 70
MAGNOLIA, AR 71754-0070
by the State Board that regulates the applicant's license/certificate

Applicant's Name: _____ Date of Birth: _____
(please print)

License Number: _____ State: _____

Social Security Number: _____

1. Does the applicant hold a current state license/certificate?

YES____ NO____ Date of Original Issue: _____ Expiration Date: _____

2. Is the status provisional? YES____ NO____

If YES, when will the applicant have full status? _____

3. Was the applicant licensed by passing the _____ NBCC or _____ AAMFT test?

YES____ NO____ Score: _____ Date of Exam: _____ Pass Score: _____

Was this applicant licensed through the "grandfather" examination exemption process?

YES____ NO____

4. Has the applicant's license/certificate ever been suspended or revoked?

YES____ NO____ If YES, please attach comments.

5. Has the applicant's license/certificate ever been voluntarily relinquished?

YES____ NO____ If YES, please attach comments.

6. Are there any valid complaints pending or have there ever been any valid complaints against the applicant?

YES____ NO____ If YES, please attach comments.

7. If the applicant is currently licensed is he/she in good standing?

YES____ NO____ If NO, please attach comments.

Other comments: _____

Signature: _____

State Seal

Date: _____

Title: _____